Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

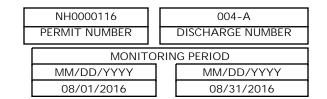
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANALYSIS	TYPE	
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	82	92	deg F	6	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
РН	SAMPLE MEASUREMENT	****	****	*****	7	****	7.4	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.8	1.06	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Manager 2	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)9/09/2016
TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Six exceedances for temperature of the discharge water - See attached reports

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

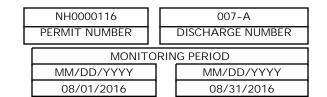
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.2	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	< 5	< 5	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	*****	< 5	mg/L		Annual	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Manager 2	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)9/09/2016
TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2016
 09/30/2016

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	76	81	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	****	****	*****	6.7	*****	7	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.73	1.09	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	0/07/2016	
TYPED OR PRINTED	and matter, meaning the pessionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

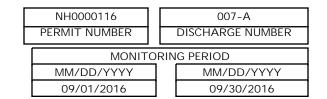
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: (

OD.

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	0/07/2010
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

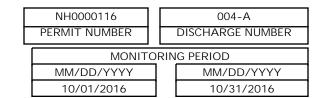
ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	68	77	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	6.9	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.72	.94	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	1/08/2016	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

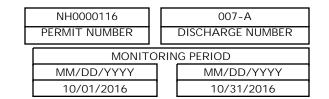
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

							FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEP	HONE	DATE
Managan	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	1/08/2010	
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

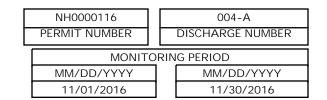
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	****	59	68	deg F		Three per Month	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	*****	7.2	SU		Three per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.34	.67	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	2/12/2016	
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Plant shut down for maintenance the week of 11/14/16

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

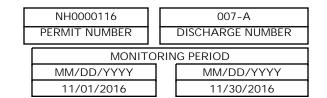
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.006	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEPI	HONE	DATE
Manager 1	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	2/12/2010	
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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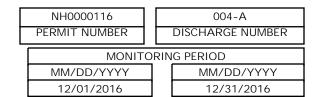
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	55	67	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.8	****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.43	.57	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Manager Province	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)1/10/201
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

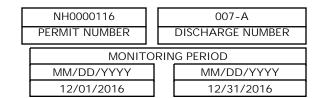
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	L	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	*****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Manager Province	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)1/10/201
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2017
 01/31/2017

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	54	71	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.8	****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.37	.5	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	SUSAN Brown	TELEPH	HONE .	DATE
	Susan Brown/ Quality-Compliance hers the Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)3/01/201
ĺ	TYPED OR PRINTED	aniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

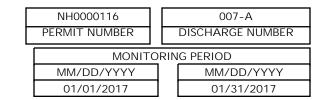
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Manager Province	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)3/01/201
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

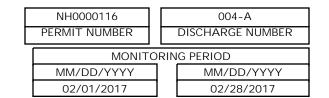
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	52	57	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	*****	****	6.9	****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4	.57	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Pitter Pitte	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62)4/14/201	
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

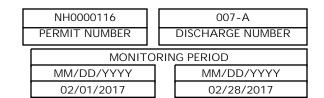
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

						NO.	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Pitter Pitte	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62)4/14/201	
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

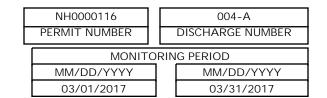
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	50	56	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.7	****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.38	.56	MGD	****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	(603)627-5150	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

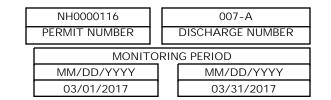
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

	QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance the Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62)4/13/201	
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2017
 04/30/2017

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	61	64	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	*****	****	6.6	****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.36	.6	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62)5/12/201	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

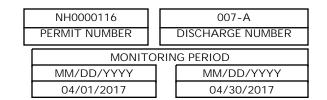
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance Per Susan	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)5/12/201
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

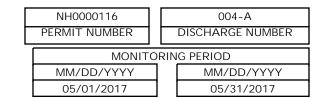
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	66	70	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.7	****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4	.65	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)6/08/201
TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

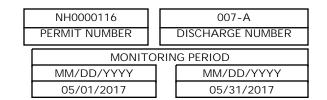
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				L	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Manager P	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)6/08/201
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

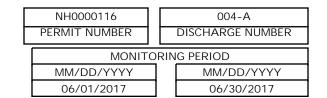
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	74	81	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.8	****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.62	.83	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62)7/11/201	
TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

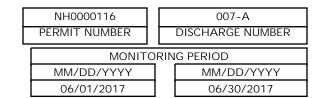
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	OING QUALITY OR CONCENTRATION				L	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62)7/11/201	
TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2017
 07/31/2017

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	78	83	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.5	*****	7.2	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.54	.84	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)8/11/201
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103 ATTN: Susan Brown, Compliane Mgr.
 NH0000116
 007-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2017
 MM/DD/YYYY

 07/31/2017
 07/31/2017

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN						FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	*****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62)8/11/201	
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

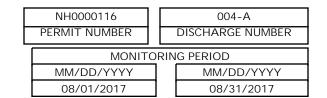
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	76	81	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.9	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4	.64	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance person or persons who the information, the in accurate, and complete.	or persons who manage the system, or those persons directly responsible for gathering formation, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/12/201
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 007-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2017
 08/31/2017

DMR Mailing ZIP CODE:

DDE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	6.7	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 5	< 5	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Annual	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	15 DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Manager Susan Brown/ Quality-Compliance Manager person or persons who manage the system, or those persons dire the information, the information submitted is, to the best of my accurate, and complete. I am aware that there are significant pen	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62)9/12/201	
TYPED OR PRINTED	unformation, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

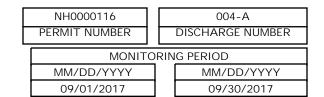
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	76	82	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	****	****	*****	6.9	*****	7.2	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.6	.72	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	SUSAN BROWN	TELEPI	HONE	DATE
Manager 1	n/ Quality-Compliance person or persons who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, true	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	0/09/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

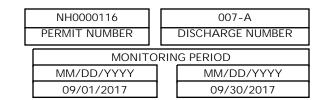
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	0/09/201	
TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

ATTN: Susan Brown, Compliane Mgr.

MANCHESTER, NH 03103

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 10/01/2017
 10/31/2017

DMR Mailing ZIP CODE: 03

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	72	77	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.7	****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.67	.78	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance person or persons the information, the accurate, and complete the complete the person or persons the person or persons the information, the complete the person or persons the information of the person or persons the information of the person or persons the person or persons the information of the person or persons the information of the person or persons the person or persons the information of the person or persons the person or persons the information of the person or persons the person or person	on or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/06/201
TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

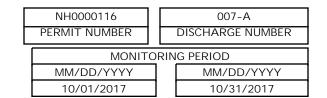
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance person or persons the information, the accurate, and complete the complete the person or persons the person or persons the information, the complete the person or persons the information of the person or persons the information of the person or persons the person or persons the information of the person or persons the information of the person or persons the person or persons the information of the person or persons the person or persons the information of the person or persons the person or person	on or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/06/201
TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 11/01/2017
 MM/DD/YYYY

 11/30/2017
 MM/DD/YYYY

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	56	64	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
РН	SAMPLE MEASUREMENT	****	*****	*****	6.6	****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.7	.82	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Samos Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/20/201
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

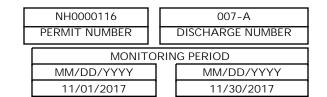
ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

						L	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering he information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150	2/20/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

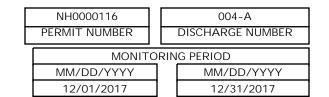
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	51	52	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.7	****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.62	.81	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150)1/12/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

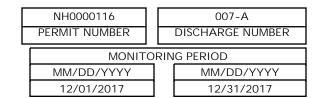
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)1/12/2018
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

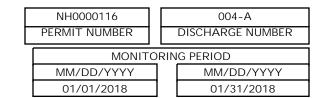
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	43	47	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.6	****	6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.68	.78	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lames Bizarro	TELEPI	HONE	DATE
Jason Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)2/14/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

NH0000116
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

01/01/2018

007-A
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

01/31/2018

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

						L	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEP	HONE	DATE
Jason Bizarro, President and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)2/14/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

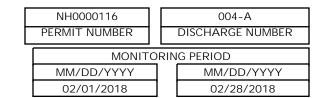
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	52	56	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.6	****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.59	.74	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lettrev Slark	TELEPI	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)3/14/2018
TYPED OR PRINTED	antoniador, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 007-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 02/01/2018
 02/28/2018

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

							FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jeffrey Slark	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)3/14/2018
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

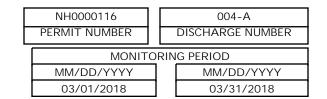
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

,

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	47	50	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
Н	SAMPLE MEASUREMENT	****	*****	*****	6.7	****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.56	.97	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
Somey clarky Eric occirculates	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)4/13/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

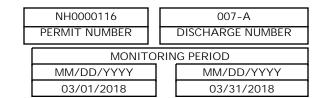
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iames Rizarro	TELEP	HONE	DATE
Jeffrey Slark/ EHS Coordinator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)4/13/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

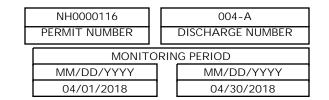
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

R

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	54	62	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.5	****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.63	.72	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lettrev Slark	TELEP	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)5/21/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

NH0000116 007-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/30/2018 04/01/2018

DMR Mailing ZIP CODE:

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

							FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lettrev Slark	TELEPI	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)5/21/2018
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

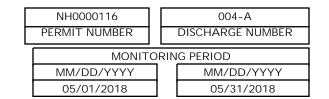
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

9 ---

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	67	70	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	6.6	****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.41	.51	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Samos Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)6/15/2018
TYPED OR PRINTED	aniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

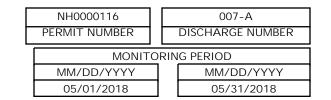
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION				L	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iames Bizarro	TELEP	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)6/15/2018
TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

NH0000116 004-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/30/2018 06/01/2018

DMR Mailing ZIP CODE:

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	78	82	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
РН	SAMPLE MEASUREMENT	*****	****	*****	6.7	****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3	.66	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEPI	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)7/13/2018
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

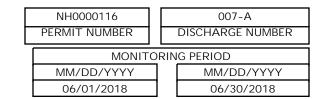
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

							FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.006	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEPI	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)7/13/2018
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

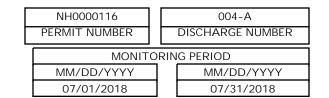
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	80	86	deg F	1	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	7	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.52	.69	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	lames Rizarro	TELEPI	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)8/15/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We had one temperature exceedance for a daily reading from 004, caused by the heat wave during the 2nd week in July.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

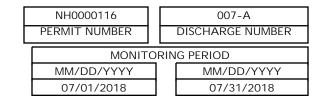
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION				L	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEPI	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)8/15/2018
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

DMR Mailing ZIP CODE:

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	٧G	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	80	85	deg F	1	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	6.8	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.74	.76	MGD	****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Rizarro	TELEPI	HONE	DATE
James Bizarre, Trestaerit and eze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/14/2018
TYPED OR PRINTED	anto matori, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The daily max temperature exceedance was due to a heat wave we had during the first week of August. Daily max on our permit is 83 degrees F, and our reading showed 85 degrees F on 8/7/18.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

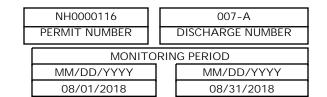
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	7.1	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	< 4	< 4	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 5	mg/L		Annual	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Freshaeitt and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/14/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Grab samples for TSS and Oil & Grease were taken on 9/7/18. Lab results attached for reference (if needed).

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

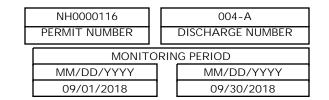
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		T FY OF ANALYSIS	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	75	83	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.9	****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.49	.78	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lames Bizarro	TELEPI	HONE	DATE
Samos Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	0/12/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

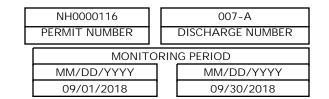
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				L	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/12/2018
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2018
 10/31/2018

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	68	78	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	6.6	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.39	.66	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/15/2018
TYPED OR PRINTED	antoniador, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

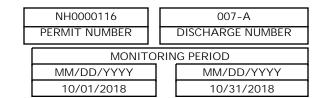
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

							FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEP	HONE	DATE
James Bizarre, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/15/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 11/01/2018
 11/30/2018

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	52	57	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	****	****	*****	6.6	*****	6.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.36	.69	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Freshaeitt and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/13/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

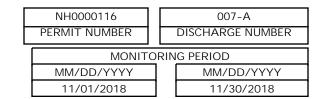
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION					L	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.006	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/13/2018
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

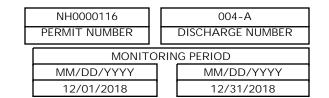
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	50	53	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.4	****	6.8	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.47	.64	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Samos Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)1/14/201
TYPED OR PRINTED	aniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On 12/26/18, the inlet pH reading was 6.38. This attributed to our low effluent pH of 6.42 on the same day.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

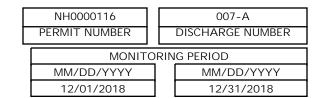
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)1/14/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

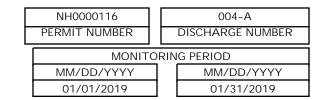
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		TOTALIVE	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	51	58	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	6.5	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.51	.75	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)2/14/2019
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

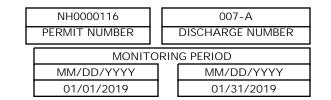
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)2/14/2019
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

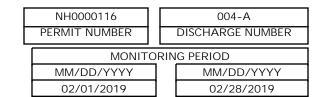
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	46	51	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.6	****	6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.54	.78	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lettrev Slark	TELEPI	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)3/15/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 007-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 02/01/2019
 02/28/2019

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jeffrey Slark	TELEPI	HONE	DATE
James Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150)3/15/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

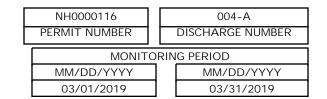
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	50	51	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.7	****	6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.7	.88	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)4/13/2019
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

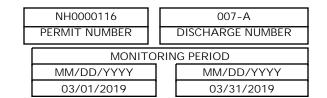
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII					1	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEP	HONE	DATE
James Bizarre, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)4/13/2019
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

ATTN: Susan Brown, Compliane Mgr.

MANCHESTER, NH 03103

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 04/01/2019
 04/30/2019

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	55	59	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.3	****	6.6	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.74	.86	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lettrev Slark	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)5/15/2019
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On 4/29/19 the river water intake grab sample for pH was 6.33. This caused a low effluent pH reading of 6.33 on the same day.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

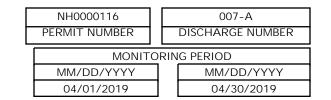
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN						FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lettrev Slark	TELEP	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)5/15/2019
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

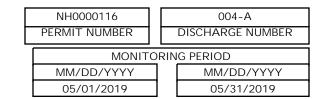
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03

)B

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	64	73	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.1	****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.6	.86	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Rizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)6/14/2019
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On 5/6/19 the river water intake grab sample for pH was 6.0. This caused a low effluent pH reading of 6.1 on the same day. There was also a low intake pH reading on 5/13/19 and 5/20/19 causing effluent pH to be below the permit limit, both of which were reported to the NHDES and EPA.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 007-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2019
 05/31/2019

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

							FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)6/14/2019
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 06/01/2019
 06/30/2019

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	69	72	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	7	****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.5	.64	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)7/12/201
TYPED OR PRINTED	antoniador, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

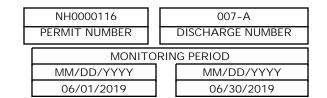
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

							FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)7/12/2019
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

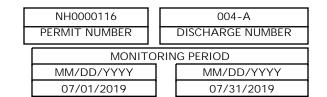
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	79	87	deg F	1	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	*****	*****	****	7	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.55	.81	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEP	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)8/14/2019
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The high effluent temperature reported is attributed to a stretch of 90+ degree days in July, causing high intake temperatures. The Daily max temp. was recorded on 7/29/19.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

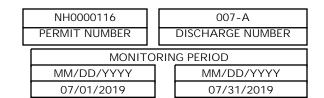
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)8/14/2019
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

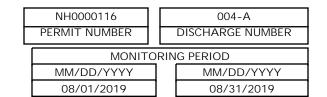
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	****	82	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.8	****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.6	1.02	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lames Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/13/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

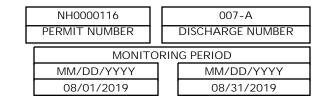
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

						L		SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

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James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/13/2019
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103 ATTN: Susan Brown, Compliane Mgr.
 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2019
 09/30/2019

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO. FREQUENCY FX OF ANALYSIS		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	73	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.8	****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.45	1.32	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Samos Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/15/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

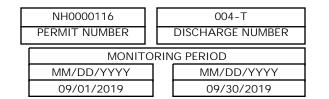
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

TOXICITY TESTING FOR OUTFALL 004

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	68	deg F		Annual	Grab
00011 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	deg F		Annual	Grab
рН	SAMPLE MEASUREMENT	****	*****	****	****	****	7.2	SU		Annual	Grab
00400 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	13	mg/L		Annual	Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	11	mg/L		Annual	Grab
00410 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	18	mg/L		Annual	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	18	mg/L		Annual	Grab
00900 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .0003	mg/L		Annual	Composite
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite

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Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	0/29/2019
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

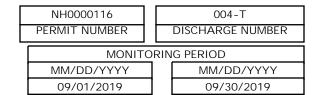
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

TOXICITY TESTING FOR OUTFALL 004

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	QUALITY OR CONCENTRATION			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE			
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< .0003	mg/L		Annual	Grab			
01027 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab			
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	.002	mg/L		Annual	Composite			
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite			
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	.001	mg/L		Annual	Grab			
01042 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab			
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	****	****	.0003	mg/L		Annual	Composite			
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite			
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	****	****	.0003	mg/L		Annual	Grab			
01051 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab			
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	****	****	< .001	mg/L		Annual	Composite			
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite			
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .001	mg/L		Annual	Grab			
01067 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab			

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

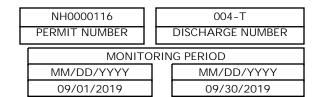
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

TOXICITY TESTING FOR OUTFALL 004

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.0087	mg/L		Annual	Composite
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.007	mg/L		Annual	Grab
01092 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.043	mg/L		Annual	Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.071	mg/L		Annual	Grab
01105 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, Ammonia Total	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< .1	mg/L		Annual	Composite
51446 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, Ammonia Total	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .1	mg/L		Annual	Grab
51446 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	100	****	****	%			
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	****	%		Annual	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEP	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	0/29/2019
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

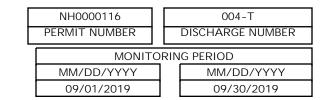
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

3

MINOR

TOXICITY TESTING FOR OUTFALL 004

External Outfall

No Discharge

							FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	****	****	*****	100	****	****	%			
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	*****	%		Annual	Composite

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarre, Trestaeth and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/29/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

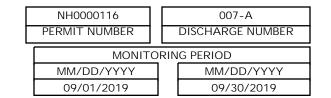
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

							FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.009	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/15/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

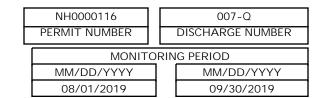
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

QUARTERLY MONITORING FOR BACKWASH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	7	****	7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	4	4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	15 DAILY MX	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/15/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

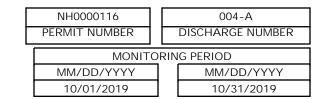
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	71	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.3	****	7	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.12	1.26	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	****	*****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Rizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/15/201
TYPED OR PRINTED	antoniador, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The low pH of 6.31 occurred on 10/31/19. This is attributed to a low intake pH reading on the same day, of 6.24 from the Merrimack River. The EPA and NHDES were notified.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

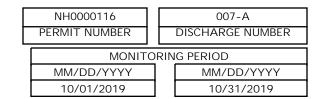
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

						L	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I James Bizarro	TELEPI	HONE	DATE
James Bizarro, Freshaerit and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	1/15/2019
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

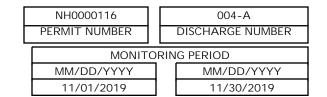
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	54	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6	****	6.2	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.04	1.34	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	****	*****	*****	*****		Continuous	Meter

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/09/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The low pH recorded is attributed to the low pH of water coming in from the Merrimack River. Joy Hilton and Stephanie Larson were notified each time the pH was recorded outside of the permit range.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

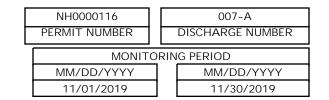
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEP	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/09/2019
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

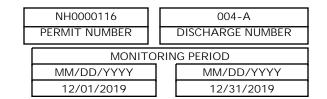
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	45	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	5.8	****	6.2	SU	3	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.16	1.41	MGD	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	****	*****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Rizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)1/15/2020
TYPED OR PRINTED	antoniador, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The low pH recorded is attributed to the low pH of water coming in from the Merrimack River.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

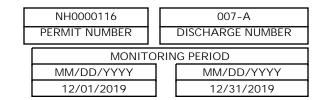
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03

)

03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)1/15/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

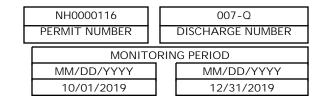
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

QUARTERLY MONITORING FOR BACKWASH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	6.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	****	< 4	< 4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	15 DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)1/15/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

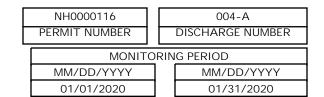
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	48	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.1	****	6.3	SU	5	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.99	1.14	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	****	****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	lames Rizarro	TELEP	HONE	DATE
Jay Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)3/01/2020
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The 5 exceedances for pH were due to low pH reading on the intake from Merrimack River therefore resulting in low pH values for the discharge outside the permit range. This occurred all 5 weeks of the reporting period.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

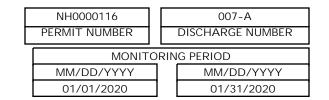
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.006	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iames Bizarro	TELEPI	HONE	DATE
Say Bizarro, Frosident and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)2/14/2020
TYPED OR PRINTED	anomator, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

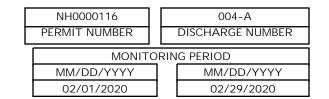
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	45	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	6	*****	6.2	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.59	1.02	MGD	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	****	*****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)3/17/2020
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The 4 low pH's recorded are attributed to the low pH of incoming water from the Merrimack River

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

DMR Mailing ZIP CODE: 03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

								FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iames Bizarro	TELEP	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)3/17/2020
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2020
 03/31/2020

DMR Mailing ZIP CODE:

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	****	54	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6	****	6.3	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.04	1.24	MGD	*****	****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	****	*****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Rizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)4/13/2020
TYPED OR PRINTED	an or maton, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sampling the non-contact cooling water on 3/4, 3/11, 3/18, 3/25 indicates pH readings outside of the permit range of 6.5 ? 8.0. The Merrimack River intake grab samples were low therefore resulting in effluent grab samples to be outside of the permit range.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

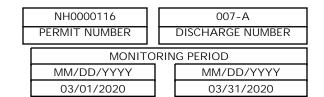
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

								FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)4/13/2020
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

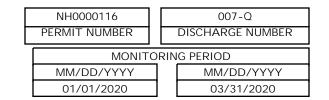
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

QUARTERLY MONITORING FOR BACKWASH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РН	SAMPLE MEASUREMENT	****	*****	*****	6.2	****	6.2	SU	1	Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	28	28	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	15 DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Rizarro	TELEPH	HONE	DATE
Sames Bizarre, Trestaem and 926	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)4/13/2020
TYPED OR PRINTED	anomaton, neturing the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sampling on 3/31/2020 indicated a pH reading outside of the permit range of 6.5 ? 8.0. The Merrimack River intake grab sample was low (6.2) therefore resulting in effluent grab samples to be outside of the permit range.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

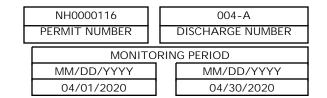
ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

3

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	****	57	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	5.9	****	6.3	SU	5	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.95	.98	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEP	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)5/12/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

April had 5 exceedances on pH due to low pH coming in from the Merrimack River.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

NH0000116 007-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/30/2020 04/01/2020

DMR Mailing ZIP CODE: 03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

						L	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEP	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)5/12/2020
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

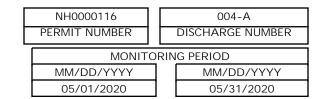
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	69	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6	****	6.3	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.75	.86	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	****	*****	*****	*****		Continuous	Meter

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James Bizarre, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)6/09/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The 4 exceedances for pH were due to low pH reading on the intake from Merrimack River therefore resulting in low pH values for the discharge outside the permit range. This occurred all 4 weeks of the reporting period.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 007-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2020
 05/31/2020

DMR Mailing ZIP CODE: 03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION			L	·	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)6/09/2020
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

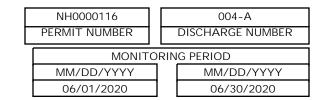
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	****	*****	84	deg F	1	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.5	****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.93	.9	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	****	*****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Rizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)7/14/2020
TYPED OR PRINTED	antoniador, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Temperature exceedance occurred on 6/23/2020 due to an extended heat wave of greater than 90 days along with drought conditions the incoming river water temperature was 83.8 F.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

NH0000116 007-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/30/2020 06/01/2020

DMR Mailing ZIP CODE:

03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)7/14/2020
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

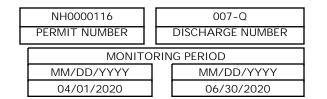
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

QUARTERLY MONITORING FOR BACKWASH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.4	****	6.4	SU	1	Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	6	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	15 DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)7/14/2020
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Exceedance on pH 6/16/2020 due to low pH on incoming River water at 6.63 which resulted in a low effluent pH value.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2020
 07/31/2020

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	84	deg F	1	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.6	*****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.84	.88	MGD	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)8/12/2020
TYPED OR PRINTED	antoniador, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Temperature exceedance 7/28/2020 due to prolonged temperatures greater than 90 degrees and drought conditions, incoming temperature recorded at 28.8C. Weekly TRC sample result for 7/31/2020 <0.20 mg/L.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

NH0000116 007-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/31/2020 07/01/2020

DMR Mailing ZIP CODE: 03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

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Sames Bizarre, Trestaeth and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)8/12/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

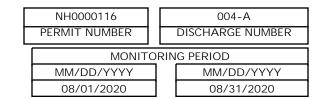
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	****	83	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.7	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.66	.76	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	****	****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 3				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The TRC testing has been established as part of a corrective action plan which included set up for in house analyses approved by NHDES (testing started Sept 4 , 2020). One sample in the reporting period was sent to a lab as a process check with a result of 0.29 mg/L however the test was completed outside of the hold time.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

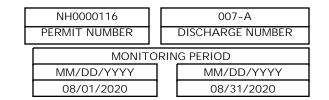
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)9/14/2020
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

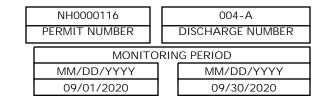
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	76	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	6.5	****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.58	.76	MGD	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	****	****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	380	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Freshaeitt and GZG	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/13/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

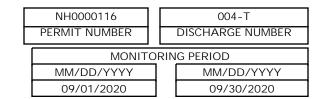
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

TOXICITY TESTING FOR OUTFALL 004

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	72	deg F		Annual	Grab
00011 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg F		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	7.01	SU		Annual	Grab
00400 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	14	mg/L		Annual	Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	12	mg/L		Annual	Grab
00410 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	19	mg/L		Annual	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	19	mg/L		Annual	Grab
00900 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< .0001	mg/L		Annual	Composite
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James Bizarro/ President and CEO

SUBMIT REPORT WITH DMR.

NUMBER

TELEPHONE

(603)627-5150

AREA Code

James Bizarro

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

0/13/202

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

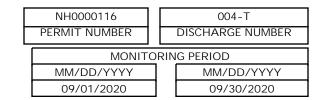
ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

TOXICITY TESTING FOR OUTFALL 004

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0001	mg/L		Annual	Grab
01027 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	****	****	.0064	mg/L		Annual	Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.0008	mg/L		Annual	Grab
01042 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	****	*****	****	< .0002	mg/L		Annual	Composite
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0002	mg/L		Annual	Grab
01051 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< .001	mg/L		Annual	Composite
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	*****	****	< .001	mg/L		Annual	Grab
01067 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iames Bizarro	TELEP	HONE	DATE
James Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/13/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SUBMIT REPORT WITH DMR.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

NH0000116 004-T PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2020 09/30/2020

DMR Mailing ZIP CODE: 03103

MINOR

TOXICITY TESTING FOR OUTFALL 004

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.006	mg/L		Annual	Composite
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	****	*****	****	.0031	mg/L		Annual	Grab
01092 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	****	****	.031	mg/L		Annual	Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	.028	mg/L		Annual	Grab
01105 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, Ammonia Total	SAMPLE MEASUREMENT	****	****	****	****	****	< .1	mg/L		Annual	Composite
51446 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, Ammonia Total	SAMPLE MEASUREMENT	****	****	*****	****	****	< .1	mg/L		Annual	Grab
51446 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	100	*****	****	%		Annual	Composite
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MINIMUM	****	****	%		Annual	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Rizarro	TELEPI	HONE	DATE
James Bizarre, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/13/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SUBMIT REPORT WITH DMR.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

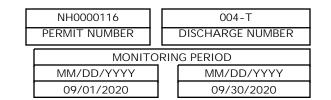
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

TOXICITY TESTING FOR OUTFALL 004

External Outfall

No Discharge

							IO. FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	****	****	*****	100	****	****	%		Annual	Composite
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	*****	****	%		Annual	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iames Bizarro	TELEP	HONE	DATE
James Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/13/2020
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SUBMIT REPORT WITH DMR.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

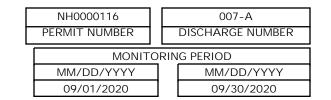
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

							FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/13/2020
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

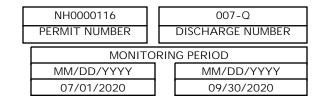
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

QUARTERLY MONITORING FOR BACKWASH

External Outfall

MINOR

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	6.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	5	5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	*****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	15 DAILY MX	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/15/2020
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

03103

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

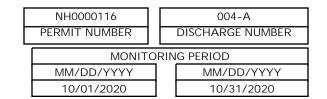
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

NON-CONTACT COOLING WATER

MINOR

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	69.3	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.2	****	6.8	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.58	.89	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	****	****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	.19	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Rizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaeth and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/11/2020
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

One reported pH exceedance was due to low pH in the incoming water (River 6.16pH) and 004 Effluent 6.15 pH. Also for note the plant was shut down for annual maintenance and there was no discharge at outfall 004 from 10/12/2020 through 10/16/2020.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

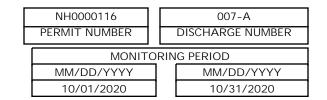
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

		QUAN					L	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
sames bizarre/ rresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	1/11/2020
TYPED OR PRINTED	amornation, moleculary the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

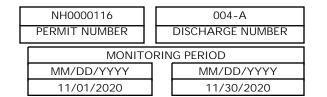
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	****	59	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.2	****	6.3	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.74	1.12	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	****	****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	.18	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	DATE	
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/09/2020
TYPED OR PRINTED	anomaton, netacing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During sampling in November 2020 the incoming Merrimack River pH was below the permit limits resulting in effluent pH to be outside the permit limits on all 4 samples.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

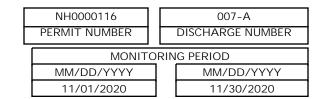
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

							FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/09/2020
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2020
 12/31/2020

DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	****	****	49	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	5.8	****	6.5	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.68	1.1	MGD	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	.13	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaeth and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)1/13/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The 4 exceedances for pH were due to low pH reading on the intake from Merrimack River therefore resulting in low pH values for the discharge outside the permit range. This occurred all 4 of the 5 weeks of the reporting period.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

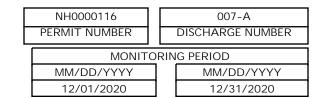
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

		QUAN					L	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)1/13/202
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

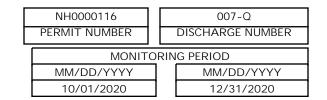
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

QUARTERLY MONITORING FOR BACKWASH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.2	SU	1	Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

4Q Sampling was missed, a make up sample was taken on 1/11/2021 - pH of incoming Merrimack river were at 6.24 resulting in a below permit range pH of 6.22.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

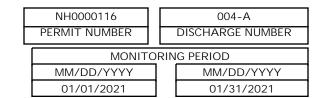
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****	****	54	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	83 DAILY MX	deg F		Weekly	Grab
РН	SAMPLE MEASUREMENT	****	*****	****	5.8	****	6.2	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.69	.89	MGD	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	****	****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	****	.1	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Samos Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)2/15/202
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The Merrimack River pH continues to run low resulting in an Effluent reading below our permit range on all 4 weeks of the month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

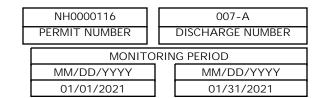
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

						L	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	*****	*****		Monthly	Estimate

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I James Bizarro	TELEPI	HONE	DATE
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TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

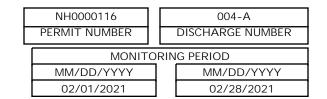
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	****	51	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.1	*****	6.2	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.65	.63	MGD	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	****	****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	.12	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	DATE	
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)3/08/202
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The Merrimack River pH continues to be below our permit limits therefore resulting in effluent pH below our permit limit on all 4 weeks of the month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 007-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 02/01/2021
 02/28/2021

DMR Mailing ZIP CODE: 03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

							L	FREQUENCY OF ANALYSIS	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)3/08/202
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

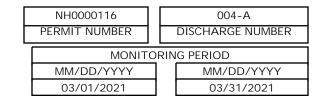
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	ΝG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	****	57	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6	*****	6.1	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.66	.63	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	****	****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	.31	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaent and SES	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)4/14/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

All 4 weeks of pH sampling were below our permit limits, the incoming Merrimack River water pH was below the permit limit therefore resulting in a discharge that was below permit limits.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NIÉMÉ: 'NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 007-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2021
 03/31/2021

DMR Mailing ZIP CODE: 03

MINOR

03103

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

								FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)4/14/202
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

NH0000116 007-Q PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2021 03/31/2021

DMR Mailing ZIP CODE:

03103

MINOR

QUARTERLY MONITORING FOR BACKWASH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РН	SAMPLE MEASUREMENT	****	****	*****	6.2	****	6.2	SU	1	Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEPI	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)4/14/202
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Incoming Merrimack River water pH was low 6.24 resulting in a low sample pH.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

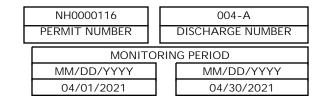
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****	****	61	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	83 DAILY MX	deg F		Weekly	Grab
РН	SAMPLE MEASUREMENT	****	****	****	5.9	*****	6.1	SU	5	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.67	.67	MGD	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	****	****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	****	.15	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iames Bizarro	TELEPI	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)5/13/202
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Merrimack River pH continues to be below our permit limits therefore resulting in effluent pH outside our permit range causing all 5 weeks to be exceedances. In addition the river water meter failed causing erroneous readings for much of April, in conversation with Stephanie Larson (email 5/6/2021) an average of the previous 3 months was used for the total gallons discharged for the month of April.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

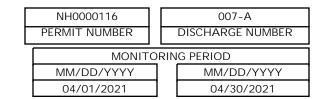
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)5/13/202
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORPORATION OF AMERICA

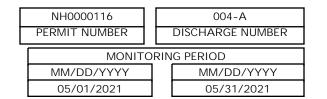
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	75	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	83 DAILY MX	deg F		Weekly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	5.9	****	6.8	SU	3	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.6	.89	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	****	****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	****	.22	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaent and SES	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)6/14/202
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The incoming Merrimack water pH remains low resulting in a low pH for the effluent that is outside the permit range causing 3 of the 4 weeks to be an exceedance.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.

 NH0000116
 007-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2021
 05/31/2021

DMR Mailing ZIP CODE: 03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEP	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)6/14/202
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

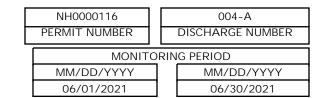
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85	deg F	1	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	83 DAILY MX	deg F		Three per Week	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.1	****	7	SU	5	Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.69	.91	MGD	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	****	****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	.28	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaeth and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)7/11/202
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NYOCA is sampling Temperature and pH 3 times a week (permit only calls for Temperature however we do pH as well) The pH exceedances were all due to incoming Merrimack River pH being low. The one temperature exceedance was also a result of the incoming river water temperature at 85F resulting in a discharge temperature of 85F on 6/29/21.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

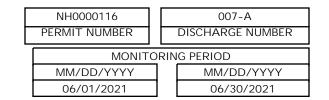
ADDRESS: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE:

03103

MINOR

MONTHLY MONITORING FOR BACKWASH V

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	****	*****	*****	*****		Monthly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEP	DATE	
James Bizarre, Tresident and 626		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)7/11/202
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORPORATION OF AMERICA

ADDRESS: 333 SUNDIAL AVENUE

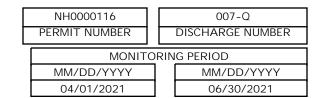
MANCHESTER, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103

ATTN: Susan Brown, Compliane Mgr.



DMR Mailing ZIP CODE: 03103

MINOR

QUARTERLY MONITORING FOR BACKWASH

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	5.9	****	5.9	SU	1	Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	5	5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEP	DATE	
James Bizarre, Tresident and 626		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)7/11/202
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

pH exceedance was due to incoming Merrimack river pH at 5.88 resulting in a discharge pH of 5.89.